U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

WAYNE PA 19087		
Postage	$	$0.46
Certified Fee		$3.10
Return Receipt Fee (Endorsement Required)		$2.55
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.11

Postmark Here

JUN 22 2013

06/22/2013

Sent To Coquico, Inc.

Street, Apt. No.; or PO Box No. 175 Strafford Ave. St. 1

City, State, ZIP+4 Wayne, PA 19087-3396

7001 0320 0005 1652 7304

PS Form 3800, January 2001   See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Coquico, Inc
175 Strafford Ave.
Suite 1
Wayne, PA 19087-3396

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lorraine R Tucker   ☑ Agent   ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery
Lorraine R Tucker   6/25/13

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail   ☐ Express Mail
☐ Registered   ☐ Return Receipt for Merchandise
☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)   ☐ Yes

2. Article Number
(Transfer from service label)   7001 0320 0005 1652 7304

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540